Due by: January 16, 2009 page 1 of 3

Team Nutrition Mini-grant application for Live Healthy Iowa

TN Team Leader(s)	Position	School	Address	phone	e-mail
Other TN Team members					
Principal or Adult Leader					

Budget - Identify items to be purchased and estimated costs. (2 points possible)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
	total		total		total
Equipment	Cost	Office (printing, postag	e, etc.) Cost	Equipment	Cost
	total		total		total
Total Amount Requeste	d				

Check which of the five Team Nutrition messages you will be using in your activity: (maximum of 5 points possible) Eat a variety of foods Eat more fruits, vegetables, and whole grains Eat lower fat foods more often, and Be physically active Eat calcium rich foods Check Team Nutrition education channels covered by your Team Nutrition plan (1 point per channel or component checked- 6 possible) Team Nutrition Education Channels						
Classroom	School	Food service	Home	Community	Media	
Classi com	School	1 000 361 1166	Tionic	Community	Media	
1. What were the p	oriorities identified in	n your plan and how do	o the proposed act	rivities address them? (2	? points)	
2. Describe activit	ies you plan to conduc	t with the mini-grant	and how they sup	port the five Team Nuti	rition messages. (2 po	ints)

		Group Name
3. How will the items listed in the budge	t support these activities? (2 points)	
4. (BONUS POINTS - OPTIONAL) Desc activities supported with the mini-grant	ribe Team Nutrition activities planned for the comm (2 points)	unity using in-kind support, over and above
• •	ion curriculum as part of your plan, you may also req e-K and Kindergarten grades 1-2	• •
I understand that as a condition of our s submit receipts for payment of expenses		t a brief description of the activity funded by the grant and
Bureau of Nu Grimes State 400 East 14 th	(Principal or teacher - signature) on Grant Project Director trition, Health and Transportation Services Office Building St. IA 50319-0146	Date signed